



IP Patent
Attorney Docket No. 1034289-000002
cc

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Ramin Mirbaha et al.) Group Art Unit: 2618
Application No.: 10/510,161) Examiner: S. NGUYEN
Filing Date: April 4, 2005) Confirmation No.: 6694
Title: METHOD FOR THE)
TRANSMISSION OF)
INFORMATION VIA IP)
NETWORKS)

AMENDMENT/REPLY TRANSMITTAL LETTER

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- A Petition for Extension of Time (one month) is enclosed.
- _____ Terminal Disclaimer(s) and the \$ 65 \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.
- Also enclosed is/are: _____
- Small entity status is hereby claimed.
- Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$ 395 \$ 790 fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- Applicant(s) previously submitted _____ on _____ for which continued examination is requested.
- Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

No additional claim fee is required.
 An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	23	21	2	x \$ 50 (1202)	\$ 100
Independent Claims	4	4	0	x \$ 200 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$ 0
Total Claim Amendment Fee					\$ 100
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					50
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 50

Charge _____ to Deposit Account No. 02-4800 for the fee due.
 A check in the amount of _____ is enclosed for the fee due.
 Charge \$110 to credit card for the fees due. Form PTO-2038 is attached.
 The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date September 18, 2007

By:


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